PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09767902

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												THAN
			(Column 1)					TYPE		OR	SMALL	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			分 2-minus 20=		. 12			X\$ 9=		OR	X\$18=	216
INDEPENDENT CLAIMS			2 minus 3 =		* b			X40=		OR	X80=	· · · · · · · · · · · · · · · · · · ·
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				f	+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in			olumn 2	L	TOTAL		OR	TOTAL	97 C
	С	LAIMS AS A	MENDED - PART II					, , , , ,		J	OTHER	THAN
		(Column 1)	(Column 2			(Column 3)		SMALL	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	F CL AINA	=		X40=		OR	X80=	
	FINOT PRESE	INTATION OF INC	DETIFIE DEF	ENDEN	CLAIIVI			+135=		OR	+270=	
							L	TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_	ADDIT. FEE			ADDII. FEC	· ·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	DETIPLE DEP	ENDEN	CLAIM		╹	+135=		OR	+270=	
							L	TOTAL	·. · · · · · · · · · · · · · · · · · ·	∩¤.	TOTAL	<u> </u>
		(Column 1)		(Colur	mn 2)	(Column 3)	А	DDIT. FEE		,	ADDIT. FEE	
AMENDMENT C	4	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ï
	Independent	*	Minus	***	5 01 4114	-		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE												
		nber Previously Pai					er four	nd in the app	ropriate box	in col	lumn 1.	